CareFirst BCBS - PPO			Bi-Weekly				
		EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	47.62	190.47	238.08	95.23	380.93	476.17
Employee/Retiree & 1 CHILD, NO MEDICARE	2	85.71	342.83	428.54	171.42	685.66	857.08
Employee/Retiree & SPOUSE, NO MEDICARE	3	85.71	342.83	428.54	171.42	685.66	857.08
Employee/Retiree +2 OR MORE, NO MEDICARE	4	119.04	476.17	595.22	238.09	952.35	1,190.44
RETIREE ONLY, WITH MEDICARE	5	23.81	95.24	119.06	47.62	190.49	238.11
RETIREE + 1, ONE WITH MEDICARE	6	71.42	285.67	357.08	142.83	571.33	714.17
RETIREE + 1, BOTH WITH MEDICARE	7	47.62	190.47	238.08	95.23	380.93	476.17
RETIREE + 2, ONE WITH MEDICARE	8	109.51	438.04	547.55	219.02	876.08	1,095.10
RETIREE + 2, TWO WITH MEDICARE	9	95.23	380.92	476.15	190.46	761.84	952.30
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	71.42	285.67	357.08	142.83	571.33	714.17
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	119.04	476.17	595.22	238.09	952.35	1,190.44

United-HealthCare - PPO			Bi-Weekly			Monthly		
		EE	State	Total	EE/I	Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	46.84	187.37	234.21	93	.68	374.73	468.42
Employee/Retiree & 1 CHILD, NO MEDICARE	2	84.32	337.26	421.58	168	.63	674.52	843.15
Employee/Retiree & SPOUSE, NO MEDICARE	3	84.32	337.26	421.58	168	.63	674.52	843.15
Employee/Retiree +2 OR MORE, NO MEDICARE	4	117.11	468.44	585.54	234	.22	936.87	1,171.09
RETIREE ONLY, WITH MEDICARE	5	23.42	93.69	117.12	46	.85	187.39	234.23
RETIREE + 1, ONE WITH MEDICARE	6	70.26	281.03	351.29	140	.52	562.06	702.58
RETIREE + 1, BOTH WITH MEDICARE	7	46.84	187.37	234.21	93	.68	374.73	468.42
RETIREE + 2, ONE WITH MEDICARE	8	107.73	430.92	538.64	215	.46	861.83	1,077.29
RETIREE + 2, TWO WITH MEDICARE	9	93.68	374.72	468.40	187	.36	749.45	936.81
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	70.26	281.03	351.29	140	.52	562.06	702.58
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	117.11	468.44	585.54	234	.22	936.87	1,171.09

AETNA - POS			Bi-Weekly		Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	34.05	166.25	200.30	68.10	332.49	400.59
Employee/Retiree, 1 CHILD, NO MEDICARE	2	61.29	299.23	360.52	122.58	598.47	721.05
Employee/Retiree & SPOUSE, NO MEDICARE	3	61.29	299.23	360.52	122.58	598.47	721.05
Employee/Retiree +2 OR MORE, NO MEDICARE	4	85.12	415.59	500.71	170.24	831.18	1,001.42
RETIREE ONLY, WITH MEDICARE	5	17.02	83.10	100.11	34.04	166.19	200.23
RETIREE + 1, ONE WITH MEDICARE	6	51.06	249.31	300.38	102.13	498.62	600.75
RETIREE + 1, BOTH WITH MEDICARE	7	34.05	166.25	200.30	68.10	332.49	400.59
RETIREE + 2, ONE WITH MEDICARE	8	78.31	382.35	460.66	156.62	764.69	921.31
RETIREE + 2, TWO WITH MEDICARE	9	68.09	332.46	400.55	136.19	664.92	801.10
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	51.06	249.31	300.38	102.13	498.62	600.75
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	85.12	415.59	500.71	170.24	831.18	1,001.42

CareFirst BCBS - POS			Bi-Weekly			Monthly	
		EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	32.34	157.91	190.25	64.69	315.82	380.50
Employee/Retiree & 1 CHILD, NO MEDICARE	2	58.22	284.24	342.46	116.44	568.48	684.91
Employee/Retiree & SPOUSE, NO MEDICARE	3	58.22	284.24	342.46	116.44	568.48	684.91
Employee/Retiree +2 OR MORE, NO MEDICARE	4	80.86	394.77	475.62	161.71	789.54	951.25
RETIREE ONLY, WITH MEDICARE	5	16.17	78.94	95.11	32.34	157.88	190.22
RETIREE + 1, ONE WITH MEDICARE	6	48.51	236.86	285.38	97.03	473.73	570.75
RETIREE + 1, BOTH WITH MEDICARE	7	32.34	157.91	190.25	64.69	315.82	380.50
RETIREE + 2, ONE WITH MEDICARE	8	74.39	363.18	437.57	148.77	726.36	875.13
RETIREE + 2, TWO WITH MEDICARE	9	64.68	315.80	380.49	129.37	631.61	760.97
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	48.51	236.86	285.38	97.03	473.73	570.75
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	80.86	394.77	475.62	161.71	789.54	951.25

United-HealthCare - POS			Bi-Weekly		Monthly		
		EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	1	36.90	180.15	217.05	73.80	360.31	434.11
Employee/Retiree & 1 CHILD, NO MEDICARE	2	66.42	324.27	390.68	132.83	648.53	781.36
Employee/Retiree & SPOUSE, NO MEDICARE	3	66.42	324.27	390.68	132.83	648.53	781.36
Employee/Retiree +2 OR MORE, NO MEDICARE	4	92.25	450.39	542.64	184.50	900.79	1,085.29
RETIREE ONLY, WITH MEDICARE	5	18.45	90.07	108.51	36.89	180.13	217.03
RETIREE + 1, ONE WITH MEDICARE	6	55.35	270.22	325.57	110.69	540.44	651.14
RETIREE + 1, BOTH WITH MEDICARE	7	36.90	180.15	217.05	73.80	360.31	434.11
RETIREE + 2, ONE WITH MEDICARE	8	84.86	414.34	499.21	169.73	828.68	998.41
RETIREE + 2, TWO WITH MEDICARE	9	73.80	360.30	434.09	147.59	720.59	868.18
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	55.35	270.22	325.57	110.69	540.44	651.14
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	92.25	450.39	542.64	184.50	900.79	1,085.29

CareFirst BCBS - EPO			Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total	
Employee/Retiree ONLY, NO MEDICARE	1	31.78	180.09	211.88	63.56	360.19	423.75	
Employee/Retiree & 1 CHILD, NO MEDICARE	2	66.70	377.94	444.63	133.39	755.88	889.27	
Employee/Retiree & SPOUSE, NO MEDICARE	3	66.70	377.94	444.63	133.39	755.88	889.27	
Employee/Retiree +2 OR MORE, NO MEDICARE	4	82.63	468.22	550.84	165.25	936.43	1,101.69	
RETIREE ONLY, WITH MEDICARE	5	15.67	88.77	104.44	31.33	177.55	208.88	
RETIREE + 1, ONE WITH MEDICARE	6	47.19	267.41	314.60	94.38	534.82	629.20	
RETIREE + 1, BOTH WITH MEDICARE	7	34.42	195.07	229.49	68.85	390.14	458.98	
RETIREE + 2, ONE WITH MEDICARE	8	78.72	446.06	524.78	157.43	892.12	1,049.55	
RETIREE + 2, TWO WITH MEDICARE	9	50.20	284.49	334.70	100.41	568.99	669.40	
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	43.06	244.01	287.07	86.12	488.03	574.15	
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	78.34	443.94	522.28	156.68	887.87	1,044.56	

AETNA - EPO			Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total	
Employee/Retiree ONLY, NO MEDICARE	1	27.88	158.01	185.89	55.77	316.01	371.78	
Employee/Retiree & 1 CHILD, NO MEDICARE	2	55.77	316.01	371.78	111.53	632.02	743.55	
Employee/Retiree & SPOUSE, NO MEDICARE	3	55.77	316.01	371.78	111.53	632.02	743.55	
Employee/Retiree +2 OR MORE, NO MEDICARE	4	69.84	395.76	465.60	139.68	791.52	931.20	
RETIREE ONLY, WITH MEDICARE	5	16.74	94.83	111.57	33.47	189.67	223.14	
RETIREE + 1, ONE WITH MEDICARE	6	44.62	252.84	297.46	89.24	505.67	594.91	
RETIREE + 1, BOTH WITH MEDICARE	7	33.47	189.66	223.13	66.94	379.32	446.26	
RETIREE + 2, ONE WITH MEDICARE	8	72.50	410.84	483.34	145.00	821.68	966.68	
RETIREE + 2, TWO WITH MEDICARE	9	61.35	347.67	409.03	122.71	695.34	818.05	
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	50.21	284.50	334.70	100.41	568.99	669.40	
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	78.09	442.51	520.60	156.18	885.01	1,041.19	

United-HealthCare - EPO			Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total	
Employee/Retiree ONLY, NO MEDICARE	1	31.97	181.18	213.15	63.94	362.35	426.30	
Employee/Retiree & 1 CHILD, NO MEDICARE	2	66.49	376.80	443.29	132.99	753.59	886.58	
Employee/Retiree & SPOUSE, NO MEDICARE	3	66.49	376.80	443.29	132.99	753.59	886.58	
Employee/Retiree +2 OR MORE, NO MEDICARE	4	79.28	449.28	528.56	158.57	898.56	1,057.12	
RETIREE ONLY, WITH MEDICARE	5	21.11	119.65	140.77	42.23	239.30	281.53	
RETIREE + 1, ONE WITH MEDICARE	6	53.08	300.81	353.89	106.17	601.61	707.78	
RETIREE + 1, BOTH WITH MEDICARE	7	42.22	239.27	281.50	84.45	478.55	563.00	
RETIREE + 2, ONE WITH MEDICARE	8	79.28	449.28	528.56	158.57	898.56	1,057.12	
RETIREE + 2, TWO WITH MEDICARE	9	72.49	410.77	483.26	144.98	821.55	966.53	
RETIREE + 2 OR MORE, ALL WITH MEDICARE	10	63.34	358.91	422.25	126.67	717.82	844.50	
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	11	79.28	449.28	528.56	158.57	898.56	1,057.12	

#### Maryland State Employee Benefits Program Prescription Drugs

#### January 1, 2014 to December 31, 2014

**Employee Rates** 

	Bi- Weekly	Bi- Weekly	Bi- Weekly
Level of Coverage	Employee	State Subsidy	Total
Employee / Retiree Only	\$20.07	\$80.26	\$100.33
Employee / Retiree + 1 Child	\$26.67	\$106.67	\$133.34
Employee / Retiree + Spouse	\$33.30	\$133.21	\$166.51
Employee / Retiree + 2 or More	\$40.13	\$160.52	\$200.65

	Monthly	Monthly Monthly	
Level of Coverage	Employee	State Subsidy	Total
Employee / Retiree Only	\$40.13	\$160.52	\$200.65
Employee / Retiree + 1 Child	\$53.34	\$213.34	\$266.68
Employee / Retiree + Spouse	\$66.60	\$266.42	\$333.02
Employee / Retiree + 2 or More	\$80.26	\$321.05	\$401.31

**Retiree (without Medicare) Rates** 

	Bi Weekly	Bi Weekly	Bi Weekly
Level of Coverage	Retiree	Retiree Subsidy	Retiree Total
Employee / Retiree Only	\$24.77	\$74.32	\$99.09
Employee / Retiree + 1 Child	\$32.93	\$98.78	\$131.70
Employee / Retiree + Spouse	\$41.12	\$123.35	\$164.47
Employee / Retiree + 2 or More	\$49.55	\$148.65	\$198.20

	Monthly Monthly		Monthly
Level of Coverage	Retiree	Retiree Subsidy	Retiree Total
Employee / Retiree Only	\$49.55	\$148.64	\$198.19
Employee / Retiree + 1 Child	\$65.85	\$197.55	\$263.40
Employee / Retiree + Spouse	\$82.24	\$246.71	\$328.94
Employee / Retiree + 2 or More	\$99.10	\$297.30	\$396.40

**Retiree (with Medicare) Rates** 

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	Bi Weekly	Bi Weekly	Bi Weekly			
Level of Coverage	Retiree	Retiree Subsidy	Retiree Total			
RETIREE ONLY, WITH MEDICARE	17.83	53.48	71.30			
RETIREE + 1, RETIREE WITH MEDICARE	31.33	93.99	125.32			
RETIREE + 1, DEPENDENT WITH MEDICARE	32.62	97.85	130.46			
RETIREE + 1, BOTH WITH MEDICARE	29.55	88.65	118.20			
RETIREE + 2, RETIREE WITH MEDICARE	42.60	127.80	170.40			
RETIREE + 2, DEPENDENT WITH MEDICARE	42.60	127.80	170.40			
RETIREE + 2, RETIREE & 1 WITH MEDICARE	36.35	109.04	145.38			
RETIREE + 2, TWO WITH MEDICARE	36.35	109.04	145.38			
RETIREE + 2 OR MORE, ALL WITH MEDICARE	35.65	106.95	142.60			
RETIREE + 3 OR MORE; RETIREE WITH						
MEDICARE	42.60	127.80	170.40			
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE	38.43	115.29	153.72			

	Monthly	Monthly	Monthly
Level of Coverage	Retiree	Retiree Subsidy	Retiree Total
RETIREE ONLY, WITH MEDICARE	35.65	106.95	142.60
RETIREE + 1, RETIREE WITH MEDICARE	62.66	187.98	250.64
RETIREE + 1, DEPENDENT WITH MEDICARE	65.23	195.69	260.92
RETIREE + 1, BOTH WITH MEDICARE	59.10	177.29	236.39
RETIREE + 2, RETIREE WITH MEDICARE	85.20	255.59	340.79
RETIREE + 2, DEPENDENT WITH MEDICARE	85.20	255.59	340.79
RETIREE + 2, RETIREE & 1 WITH MEDICARE	72.69	218.07	290.76
RETIREE + 2, TWO WITH MEDICARE	72.69	218.07	290.76
RETIREE + 2 OR MORE, ALL WITH MEDICARE	71.30	213.90	285.20
RETIREE + 3 OR MORE; RETIREE WITH			340.79
MEDICARE	85.20	255.59	340.79
RETIREE + 3 OR MORE; ONE, TWO OR THREE	_		307.44
WITH MEDICARE	76.86	230.58	307.44

#### Maryland State Employee Benefits Program Dental Plans January 1, 2014 to December 31, 2014

United Concordia (DHMO)					
Level of Coverage Employee/Retiree State Deduction Subsidy					
Employee / Retiree Only	\$3.83	\$3.83	\$7.65		
Employee / Retiree + 1 Child	\$6.67	\$6.67	\$13.34		
Employee / Retiree + Spouse	\$7.67	\$7.67	\$15.33		
Employee / Retiree + 2 or More	\$10.77	\$10.77	\$21.54		

Level of Coverage	Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	\$7.65	\$7.65	\$15.31
Employee / Retiree + 1 Child	\$13.34	\$13.34	\$26.68
Employee / Retiree + Spouse	\$15.33	\$15.33	\$30.66
Employee / Retiree + 2 or More	\$21.54	\$21.54	\$43.07

United Concordia (DPPO)					
Level of Coverage	Employee/Retiree Deduction	State Subsidy	Total		
Employee / Retiree Only	\$5.82	\$5.82	\$11.64		
Employee / Retiree + 1 Child	\$11.12	\$11.12	\$22.24		
Employee / Retiree + Spouse	\$11.64	\$11.64	\$23.27		
Employee / Retiree + 2 or More	\$21.80	\$21.80	\$43.60		

Level of Coverage	Employee/Retiree Deduction	State Subsidy	Total
Employee / Retiree Only	\$11.64	\$11.63	\$23.27
Employee / Retiree + 1 Child	\$22.24	\$22.24	\$44.48
Employee / Retiree + Spouse	\$23.27	\$23.27	\$46.54
Employee / Retiree + 2 or More	\$43.60	\$43.60	\$87.20

Life Insurance
January 1, 2014 to December 31, 2014

	Bi-Weekly	Monthly			Monthly
Age of	Employee/Retiree	Employee/Retiree		Bi-Weekly Spouse	Spouse Rate
Employee/Retiree	Rate (per \$1,000)	Rate (per \$1,000)	Age of Spouse	Rate (per \$1,000)	(per \$1,000)
Under 30	\$0.017	\$0.034	Under 30	\$0.051	\$0.102
30-34	\$0.021	\$0.041	30-34	\$0.055	\$0.110
35-39	\$0.027	\$0.054	35-39	\$0.069	\$0.138
40-44	\$0.043	\$0.085	40-44	\$0.101	\$0.202
45-49	\$0.069	\$0.137	45-49	\$0.156	\$0.312
50-54	\$0.108	\$0.216	50-54	\$0.232	\$0.464
55-59	\$0.196	\$0.392	55-59	\$0.361	\$0.722
60-64	\$0.277	\$0.553	60-64	\$0.553	\$1.106
65-69	\$0.413	\$0.826	65-69	\$0.804	\$1.608
70-74	\$0.740	\$1.480	70-74	\$1.264	\$2.528
75-79	\$1.030	\$2.060	75-79	\$1.264	\$2.528
80 and over	\$1.030	\$2.060	80 and over	\$1.264	\$2.528
Dependent Ch	Dependent Child Coverage is \$0.156 per \$1,000 per month; \$0.078 per \$1,000 per biweekly pay period.				

AD&D Insurance			
January 1, 2014 to December 31, 2014			

Plan	Employee Only	Employee + Family	Employee Only	Employee + Family
Coverage Level	Bi-Weekly	Bi-Weekly	Monthly	Monthly
\$100,000	0.75	1.40	1.50	2.80
\$200,000	1.50	2.80	3.00	5.60
\$300,000	2.25	4.20	4.50	8.40